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To Attn: Examiner Mina Haghigheian, Group 1616
Company USPTO
Fax 703-872-9306
From Marjorie J. Pfeiffer
Tel 1-919-483-9038; Facsimile: 1-919-483-7988
E-mail marjorie.j.pfeiffer@gsk.com
Date December 9, 2004 Pages including cover 8
Subject Response to Official Action

Re: Application of Michael Thomas RIEBE et al.
U.S. Serial No.: 10/694,163; Filed: October 27, 2003
Title: Medicaments
Attorney Docket No. GR2351US5

Attached:

1. Transmittal Form with a Certificate of Transmission (37 CFR 1.8(a))
2. Fee Transmittal for FY 2005 (in duplicate)
3. Response to Official Action (3 pages)
4. Terminal Disclaimer

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(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

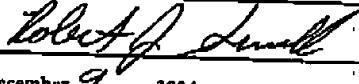
Application Number	10/694,163
Filing Date	October 27, 2003
First Named Inventor	Michael Thomas Riebe
Art Unit	1616
Examiner Name	Haghbighian, Mina
Attorney Docket Number	GR2351USS

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Robert J. Smith Registration No. 40,820 Telephone: (319)483-9616
Signature	
Date	December 9, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the

Typed or printed name	Marjorie J. Pfleiffer
Signature	
Date	December 9, 2004

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Approved for use through 07/31/2006. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
\$110.00

Complete if Known

Application Number	10/694,163
Filing Date	October 27, 2003
First Named Inventor	Michael Thomas Rebe
Examiner Name	Haghigbation, Mina
Art Unit	1616
Attorney Docket No.	CR2351USS

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None
 Deposit Account:

Deposit Account Number **07-1392**

Deposit Account Name **GLAXOSMITHKLINE**

The Director is authorized to: (check off that apply)

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FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non - English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 430	2252 215	Extension for reply within second month	
1253 880	2253 490	Extension for reply within third month	
1254 1,530	2254 785	Extension for reply within fourth month	
1255 2,080	2255 1,040	Extension for reply within fifth month	
1401 340	2401 170	Notice of Appeal	
1402 340	2402 170	Filing a brief in support of an appeal	
1403 300	2403 150	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,370	2453 685	Petition to revive - unintentional	
1501 1,370	2501 685	Utility issue fee (or reissue)	
1502 490	2502 245	Design issue fee	
1503 960	2503 330	Plant issue fee	
Total Claims	-20** = 0 X 0 = 0.00		
Independent Claims	- 3** = 0 X 0 = 0.00		
Multiple Dependent			
Large Entity	Small Entity	Fee Description	
Fee Code (\$)	Fee Code (\$)	Fee Description	
1202 18	2202 9	Claims in excess of 20	
1201 88	2201 44	Independent claims in excess of 3	
1203 300	2203 150	Multiple dependent claim, if not paid	
1204 88	2204 44	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (1)	(\$)	\$0.00	
Extra Claims	Fee from below	Fee Paid	
Total Claims	-20** = 0 X 0 = 0.00		
Independent Claims	- 3** = 0 X 0 = 0.00		
Multiple Dependent			
Large Entity	Small Entity	Fee Description	
Fee Code (\$)	Fee Code (\$)	Fee Description	
1807 50	1807 50	Processing fee under 37 CFR § 1.17(q)	
1808 180	1808 180	Submission of Information Disclosure Statement	
8021 40	8021 40	Recording each patent assignment per property (Times number of properties)	
1809 790	2809 395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 790	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))	
1801 790	2801 395	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	
Other fee (specify)	Terminal Disclaimer		
			\$110.00

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Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

\$110.00

SUBMITTED BY

Name (Print/Type)	Robert J. Smith	Registration No. (Attorney/Agent)	40,820	Telephone	(919)483-9616
Signature	<i>Robert J. Smith</i>	Date	Complete if applicable		

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\\$)	\$110.00
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Complete if Known

Application Number	10/694,163
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First Named Inventor	Michael Thomas Riebe
Examiner Name	Haghighatian, Mina
Art Unit	1616
Attorney Docket No.	GR2351USS

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Deposit Account Number	07-1392
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The Director is authorized to: (check all that apply)
 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001	790	2001	395	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1) (\$)					

2. EXTRA CLAIM FEES FOR UTILITY AND

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** =	0 X _____ =	0.00
Multiple Dependent	- 3** =	0 X _____ =	0.00

Large Entity	Small Entity	Fee Description	Fee Paid
1202	18	2202 9	Claims in excess of 20
1201	88	2201 44	Independent claims in excess of 3
1209	300	2203 150	Multiple dependent claim, if not paid
1204	88	2204 44	** Reissue independent claims over original patent
1205	18	2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		\$0.00	

** or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non - English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	430	2252	219	Extension for reply within second month	
1253	980	2253	490	Extension for reply within third month	
1254	1,530	2254	785	Extension for reply within fourth month	
1255	2,080	2255	1,040	Extension for reply within fifth month	
1401	340	2401	170	Notice of Appeal	
1402	340	2402	170	Filing a brief in support of an appeal	
1403	300	2403	150	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,370	2453	685	Petition to revive - unintentional	
1501	1,370	2501	685	Utility issue fee (or reissue)	
1502	490	2502	245	Design issue fee	
1503	680	2503	330	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR § 1.17(q)	
1808	180	1808	180	Submission of Information Disclosure Statement	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify)		Terminal Disclaimer			
		\$110.00			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

\$110.00

SUBMITTED BY

Name (Print/Type)	Robert J. Smith	Registration No. (Attorney/Agent)	40,820	Telephone	(919)483-9616
Signature	<i>Robert J. Smith</i>	Date	December 9	, 2004	

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